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May 14, 2018

By Email:

Jenelle Mayer, M.P.H., Allegany County Health Officer
Barbara Brookmyer, M.D., Frederick County Health Officer
Bob Stephens, Garret County Health Officer
Earl E. Stoner, Washington County Health Officer
Paul Parker, Director, Health Care Facilities Planning and Development
Kevin McDonald, Chief, Certificate of Need
Suellen Wideman, AAG
Sarah E. Pendley, AAG
Howard L. Sollins, Esquire, Baker Donelson
Marta D. Harting, Esquire, Venable LLP

Maryland Health Care Commission c/o Commissioner, Marcus L. Wang, Esquire 4160 Patterson Avenue Baltimore, Maryland 21215

Re: Modification to BAYADA Home Health Care Application Docket No. 17-R2-2399

Dear Commissioner Marcus Wang, Esq,

Please accept all below responses to your recommendations suggested for the modification to our BAYADA Home Health Care CON application provided on May 3, 2018. I hope you will find all responses meet all requirements to satisfy a positive recommendation to the Commission for this CON application.

All below responses intend to highlight modifications to the Charity Care and Sliding Fee Scale standard, the Financial Feasibility standard, the Impact standard and related CON review criteria.

1. Revise its charity care and sliding fee scale policy and procedures to be consistent with standard.

Charity care and sliding fee scale policy has been revised to meet COMAR 10.24.16.08E. Bayada added clarity to the information needed to make a determination of probable eligibility for charity care or reduced fee care within two business days of request. We also modified the documentation that is needed for the agency to make a final determination of eligibility for charity or reduced fee care. Please note that BAYADA as a result of reviewing our process in order to make your recommended updates, revised the sliding fee scales to be consistent with COMAR 10.24.16.08 and consistent with all other BAYADA policies and procedures. Please see our policy 0-8407 - CHARITY CARE - MARYLAND HOME HEALTH AND HOSPICE to review changes.

2. Revise all applicable forms, notices, and information provided to comply with the standard (including all public notices, posted notices, notices to potential clients/family, application etc. for charity care or reduced fees and other similar documents).

All of the applicable forms and notices have been updated/revised to comply with our internal polices as well as COMAR 10.24.16.08E. Please see all revised forms attached.

- Financial Hardship Form Maryland attached form 0-9506
- BAYADA Home Health Care Maryland Notice of Charity Care and Reduced Fees 0-7657
- BAYADA Home Health Care—Maryland Notice of Charity Care and Reduced Fees 0-9485
  - 3. Post the revised notice and place it in an easily accessible location on its website.

BAYADA Home Health Care—Maryland Notice of Charity Care and Reduced Fees has been posted to an easily accessible place on our website Bayada.com under the home health care section. Please use the link below to view BAYADA policy. This went live on Bayada.com as of 5/11/2018.

Link - https://www.bayada.com/homehealthcare/

4. Provide copies of all forms, applications, notices, and procedures (as revised or not) regarding charity care, reduced fees, and sliding scale that will apply to a prospective client.

Please find all updated forms attached. All forms and notices have been revised and attached as per your request.

- Financial Hardship Form Maryland attached form 0-9506
- BAYADA Home Health Care Maryland Notice of Charity Care and Reduced Fees 0-7657
- BAYADA Home Health Care—Maryland Notice of Charity Care and Reduced Fees 0-9485

5. Assure that its projections regarding the provision of charity care and reduced fee services are consistent with the standard and based only on visits provided by BAYADA-Gaithersburg.

Please see the graph below from Table 19 of Maryland Health Care Commission raw data from 2014. It highlights that there were 730 visits of charity care provided in the Western Maryland region we are applying for in 2014. This represents .004 of the total number of visits provided, 178,792.

		T	able - 19	v	MICHIGAN SERVICE			Towns Control	allewanea.	
Total Number of Home H	ealth Visits b		n of Resider Fiscal Year		urce and Geog	graphic Re	gionı		1.4	
Geographic Region/Jurisdiction of Client's Residence	SE SOCIOLO COMPANSO A CONTRACTO DE LA	Medicare	Medicaid				AND ADDRESS OF THE PARTY OF THE	Self Pay	Other	Total
Western Maryland			1000							
Allegany County	23,899	1,123	340	1,026	38	733	1,589	65	- 6	28,819
Frederick County	72,219	1,549	2,195	236	0	12,972	880	199	724	90,974
Garrett County	6,075	0	64	14	. 0	1,423	0	70	0	7,646
Washington County	37,586	2,882	1,029	1,358	9	6,807	0	1,682	0	51,353
TOTAL	139,779	5,554	3,628	2,634	47	21,935	2,469	2,016	730	178,792

BAYADA Home Health Care is committed to providing this standard as evidenced by BAYADA projecting 31 visits out of our total projections of 4,407 total visits in the first year, which would represent a commitment to .007 percent of our total visits and an amount greater than what is typically provided in the region based on the most recent data available. Please note that this is represented in Table 2 – New Counties under Non-Billable Visits and corresponds to the number of charity care visits that will be provided in the Western Maryland region we are applying for in 2018. BAYADA hopes this clarifies our charity commitment in terms of "visits" versus "clients".

6. Provide a specific and credible plan for achieving the level of charity care to which it is committed, as provided in the standard. Assumptions must be detailed and based on the experience of BAYADA-Gaithersburg.

BAYADA Home Health Care will provide the level of charity care that it is committed to by working with our Skilled Nursing Facility partner, Genesis Health Care, more specifically Genesis Glade Valley and Genesis Ballenger Creek to help transition the patients they care for without insurance home post discharge. We will make our commitment clear to Genesis during our next regional meeting as well as educate our marketing manager on our new policy and procedure for Financial Hardship and Charity Care. Our marketing managers will continue to remind our partners of the policy on a weekly basis moving forward. We will also approach Meritus Hospital Center as well as Western Maryland Regional Medical Center to develop relationships. Division Director, Patrick O'Malley left a message with Andrea Horton, Director of Care Management at Meritus Hospital Center, to set up a meeting to discuss BAYADA Home Health Care and more specifically our policy and procedures to providing charity care in our new potential jurisdiction. Division Director, Patrick O'Malley, left a message with Care Management department, 240-964-1090, to set up a meeting to discuss BAYADA Home Health Care and more specifically our policy and procedures to providing charity care in our new potential jurisdiction. Once jurisdiction is awarded and we make the investment in additional people resources in the new region, we will assign a marketing manager to each hospital system and they will stop by weekly to discuss BAYADA and our charity care

policy. We feel that once we begin to develop relationships in the new jurisdiction that we will be able to consistently meet the charity care requirement in each new jurisdiction.

### 7. Submit correct and internally consistent Tables 2A, 2B, and 5 and Tables 3 and 4, as necessary.

Please see attached workbook with all recommended changes in place. BAYADA added comment (b) to contracted services on all versions of table 3 with added footnote for comment (b) at the bottom of the schedule. BAYADA made all schedules the same color. BAYADA also modified table 5 by pulling out the piece on contractor services in the FTE contractor column and deducting it from the employees FTEs. BAYADA believes this will further clarify the \$38,370 that the commissioners recommended we define. As noted .27 percent of our FTE Physical therapists are contracted and thus command expenses for \$38,370 on an annual basis. Table 5 has modified to reflect this. Please see attached workbook as well as screenshot from Table 5 below which illustrates these changes.

Position Title	Current No. of FTEs		Change in FTEs (+/-		Average Salary		Total Salary Expense	
	Agency Staff	Contract Staff	Agency Staff	Contract Staff	Agency Staff	Contract Staff	Agency Staff	Contract Staff
Administrative Personnel	10.57		8.66		67,828		1,304,417	8,000
Skilled Nursing	14.24		11,68		67,607		1,752,374	
Licensed Practical Nurse	included in SN							
Physical Therapist	11.18	0.27	9.17	0.22	79,779	77,893	1,623,294	38,370
Occupational Therapist	4,16		3.42		73,906		560,210	
Speech Therapist	2.19	Land Company	1.79		85,942		342,049	
Home Health Aide	0.53		0.43		49,669		47,682	
Medical Social Worker	0,30	er er	0.25		84,317		46,375	
Other (Please specify)								
						Benefits	1,434,813	
						TOTAL	7,111,215	46,370

Thank you for your consideration. We look forward to a favorable decision by the Commission.

Attentively,

David Pareja, MPA

BAYADA Home Health Care- Gaithersburg, MD Administrator



Maryland Policies and Procedures

# 0-8407 CHARITY CARE - MARYLAND HOME HEALTH AND HOSPICE

This policy was adopted on Jan. 11, 2017 and last revised May. 10, 2018.

### **Our Standard:**

We believe our clients come first.

### **Our Policy:**

BAYADA Home Health Care provides charity care or reduced fees to our clients with financial hardship in accordance with Maryland regulation.

## **Our Procedure:**

- **1.0** BAYADA ensures access to services regardless of an individual's ability to pay.
- 2.0 The MARYLAND CHARITY CARE AND REDUCED FEE PUBLIC NOTICE, #0-9485 is visibly published for public view and for prospective clients on BAYADA's Website, service office Facebook pages and conspicuously posted in the service office. This public notice is also disseminated via annual publication in newspapers in the service area regarding BAYADA Charity Care, the sliding fee pay scale and time payment plans for reduced fees of \$25 per month. MARYLAND NOTICE OF CHARITY CARE AND REDUCED FEES, #0-7657 is provided to all prospective clients prior to provision of services. Both notices include how determination of charity care and reduced fees are made per sections 3.0 and 4.0 below.
- 3.0 Upon receiving a request for charity care free of charge or reduced fees, BAYADA will make a determination of probable eligibility and communicate to the client within two (2) business days of a request for services or an application for Medical Assistance (Medicaid).
- **4.0** BAYADA uses a two-step process to determine eligibility of charity care or reduced fees as follows:
  - 4.1 An interview with the prospective client/representative will be conducted to review family size, insurance, income, and medical bills. The information is documented on a <u>MARYLAND FINANCIAL HARDSHIP FORM</u>, #0-9506. BAYADA will communicate its determination of probable eligibility to the prospective client/representative within two (2) business days.
  - **4.2** Final determination for eligibility for charity care or reduced fees is based on a completed MARYLAND FINANCIAL HARDSHIP FORM, #0-9506 (application) by the prospective client/representative with required documentation and proof of household income and outstanding medical bills.
- **5.0** Prior to provision of care, prospective clients who qualify are informed of the rates using the following guidelines.
  - **5.1** Based on the interview, the client will be granted a financial write-off if:
    - a. the total family income is at or below 300% of the <u>Federal Poverty Guidelines</u> (as published in the Federal Register) for their family size; or
    - b. the client's total yearly medical bills after all applicable insurance reimbursement are greater than 50% of their total yearly income.

5.	1.	1

Poverty Level	% Discount			
100%	100%			
200%	100%			
225%	80%			

Maryland Policies and Procedures



250%	60%
275%	40%
300%	20%
325%	0%

- **6.0** Prior to provision of care, prospective clients who do not qualify for charity care or reduced fees are informed, and BAYADA assists with seeking an alternative payment arrangement.
- **7.0** The director will submit a Biller Information Coordination Note to the Billing and Collections Office indicating the client's payor source as private pay and billing rate as based on the sliding scale.
- **8.0** The provision of charity care is tracked in order to demonstrate commitment to achieving a planned annual level of charity care.

#### 9.0 RELATED POLICIES.

a. ADMISSION CRITERIA AND PROCEDURE - MEDICARE CERTIFIED OFFICES, #0-672

0-8407 - CHARITY CARE - MARYLAND HOME HEALTH AND HOSPICE

Version:

36.0 (18432)

Author(s):

JOY STOVER (2016); KIM CUNNINGHAM (2018)

Owner:

Manual, Section: MARYLAND, MEDICARE CERTIFIED POLICIES

References:

MD Hospice and Home Health CON Application requirement for Charity Care.

Revisions:

May. 10, 2018, Apr. 06, 2018, Jun. 13, 2017, Jun. 13, 2017, Jan. 11, 2017,

Comments:

# FINANCIAL HARDSHIP FORM - MARYLAND



Please complete the top section and return to the Director of your service office. Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_ Client Address: Number of family members residing in the household: Client Salary Spouse Salary Household Income\* Disability Payments Other Income Total Income Facility Insurance Payment Balance due Amount from Client Outstanding Medical Bills\* Total I understand that the information provided above is required by law and will be used by BAYADA Home Health Care solely to determine my ability to pay a co-payment or deductible. I certify that the above information is true, complete, and correct as of the date written above. If any of the above information changes I will notify BAYADA immediately. Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_ POA Signature (if client unable to sign): \_\_\_\_\_\_ Date:\_\_\_\_\_ For BAYADA Use Only Upon approval of the Office Director, the client is eligible for a Hardship write-off if their total household income is less than 300% of the Federal Policy level for the size of the household, OR their outstanding medical bills are greater than 50% of their yearly income. Total household income multiplied Federal Poverty level for Multiply by 2 Household size\*\* \* Documentation must be provided for these amounts \*\* as published by the Federal Government (http://aspe.hhs.gov/poverty/07poverty.shtml) Director Signature: Date:

# BAYADA HOME HEALTH CARE- MARYLAND NOTICE OF CHARITY CARE AND REDUCED FEES



Client #

BAYADA Home Health Care provides charity care or reduced accordance with Maryland regulation. BAYADA ensures accepay.		
All prospective clients are provided this notice prior to provision	on of services.	
How the charity care and reduced fee scale works:		
Upon receiving a request for charity care free of charge or redetermine eligibility of charity care or reduced fees. BAYADA review family size, insurance, income, medical bills. BAYADA eligibility to the prospective client/representative within two (2 fees, or an application for medical assistance (Medicaid).	A will interview the A will communicate	prospective client/representative to eits determination of probable
Final determination for eligibility for charity care or reduced fedocumentation and proof of household income and outstandi who qualify are informed of the rates as per current Federal Federal for reduced fees will be offered a time payment plan. The fees will be assisted in seeking alternative payment arrangements	ng medical bills. F Poverty Guidelines Those who do not	Prior to provision of services, clients swith a sliding fee scale. Those that
Based on the interview, the prospective client will be granted	a financial write-c	off if:
a. the total family income is below 300% of the Federal Pove their family size; or b. the client's total yearly medical bills after all applicable insu yearly income.		
Poverty Level	% Discount	
100%	100%	
200%	100%	
225%	80%	
250%	60%	
275%	40%	
300%	20%	
325%	0%	
I acknowledge BAYADA has given me information about cha	rity care or reduce	ed fees.
Signature of Client	Date	Witness
Representative, Relationship & Reason Client Unable to Sign	n Date	Witness

Client Name:

# BAYADA Home Health Care— Maryland Notice of Charity Care and Reduced Fees

BAYADA Home Health Care provides charity care or reduced fees to our prospective clients with financial hardship and in accordance with Maryland regulation. BAYADA ensures access to services regardless of an individual's ability to pay.

All prospective clients are provided this notice prior to provision of services.

#### How the charity care and reduced fee scale works:

Upon receiving a request for charity care free of charge or reduced fees, BAYADA uses a two-step process to determine eligibility of charity care or reduced fees. BAYADA will interview the prospective client/representative to review family size, insurance, income, and medical bills. BAYADA will communicate its determination of probable eligibility to the prospective client/representative within two (2) business days of the request for charity care, reduced fees, or an application for medical assistance (Medicaid).

Final determination for eligibility for charity care or reduced fees is based on a completed application with required documentation, proof of household income and outstanding medical bills. Prior to provision of services, clients who qualify are informed of the rates as per current Federal Poverty Guidelines with a sliding fee scale. Those that qualify for reduced fees will be offered a time payment plan. Those who do not qualify for charity care or reduced fees will be assisted in seeking alternative payment arrangements.

Based on the interview, the prospective client will be granted a financial write-off if:

- a. the total family income is below 300% of the Federal Poverty Guidelines (as published in the Federal Register) for their family size; or
- b. the client's total yearly medical bills after all applicable insurance reimbursement are greater than 50% of their total yearly income.

Poverty Level	% Discount
100%	100%
200%	100%
225%	80%
250%	60%
275%	40%
300%	20%
325%	0%

For more information or questions on BAYADA's Charity Care or Financial Hardship policies, contact your local BAYADA office.



Table 2A - Entire Gaithersburg Site

	Two Most		Projected y	Projected years ending with first utilization		
	2015	2016	2018	2019	2020	2021
CY or FY	CY	CY	FY	FY	FY	FY
Client Visits	14,024	18,204	26,607	38,581	45,458	52,323
Billable	13,930	18,074	26,417	38,305	45,133	51,949
Non-Billable	94	130	190	276	325	374
Total	14,024	18,204	26,607	38,581	45,458	52,323
# of Clients and Visits by Discipline						
Total Clients (Unduplicated Count)	870	1,075	1,792	2,554	3,135	3,614
Skilled Nursing Visits	4,253	5,300	9,464	13,756	18,470	21,286
Home Health Aide Visits	284	152	534	777	837	956
Physical Therapy Visits	6,486	8,621	10,295	14,933	16,271	18,689
Occupational Therapy Visits	2,325	3,139	4,044	5,833	6,304	7,277
Speech Therapy Visits	643	894	1,991	2,876	3,098	3,571
Medical Social Services Visits	30	97	279	405	478	546
Other Visits (Please Specify) - Dietician	3				THE STATE OF THE S	

Table 2B -- New Jurisdiction Projected Results

	Projected years ending with first year at full utilization					
	2018	2019	2020	2021		
Property of the Control of the Contr	FY	FY	FY	FY		
Client Visits	4,407	14,137	20,496	23,582		
Billable	4,376	14,036	20,350	23,414		
Non-Billable	31	101	146	168		
Total	4,407	14,137	20,496	23,582		
# of Clients and Visits by Discipline						
Total Clients (Unduplicated Count)	274	871	1,324	1,515		
Skilled Nursing Visits	1,568	5,041	8,328	9,593		
Home Health Aide Visits	88	285	377	431		
Physical Therapy Visits	1,705	5,472	7,336	8,423		
Occupational Therapy Visits	670	2,137	2,842	3,279		
Speech Therapy Visits	330	1,054	1,397	1,609		
Medical Social Services Visits	46	148	215	246		
Other Visits (Please Specify) - Dietician		The second secon				

Table 2 [Supplemental] - Gaithersburg Projection without additional jurisdiction

	Projected years ending with first year at full utilization					
AND TOTAL TO	2018	2019	2020	2021		
State of the state	FY	FY	FY	FY		
Client Visits	22,200	24,444	24,962	28,742		
Billable	22,041	24,269	24,783	28,536		
Non-Billable	159	175	179	206		
Total	22,200	24,444	24,962	28,742		
# of Clients and Visits by Discipline	The second secon					
Total Clients (Unduplicated Count)	1,518	1,683	1,811	2,099		
Skilled Nursing Visits	7,896	8,716	10,142	11,692		
Home Health Aide Visits	445	492	460	525		
Physical Therapy Visits	8,589	9,462	8,935	10,266		
Occupational Therapy Visits	3,374	3,696	3,462	3,997		
Speech Therapy Visits	1,661	1,822	1,701	1,961		
Medical Social Services Visits	233	256	262	300		
Other Visits (Please Specify) - Dietician	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Carlotte Carlot			

Table 3 -- Entire Gaithersburg Site

	Two Most Current Actual Years		Projected y	/ears ending wi	rith first year at full utilization		
	2015 2016		2018	2019	2020	2021	
CY or FY	CY	CY	FY	FY	FY	FY	
1. Revenue						Law San District	
Gross Patient			- 2016			alt, peri	
Service Revenue	2,576,910	3,344,985	4,941,774	7,166,362	8,447,607	9,724,132	
Allowance for Bad			1997		- 2		
Debt	(13,617)	(72,572)	(65,177)	(93,504)	(110,791)	(128,683)	
Contractual						Page Transfer Services	
Allowance -							
Medicare	606,400	740,180	480,262	636,722	808,978	996,569	
Contractual						47.5	
Allowance - non		Control of the Contro				10 mm - 10 mm	
Medicare	(167,150)	(185,239)	(195,991)	(304,042)	(371,105)	(400,867)	
Charity Care	(2,577)	(3,345)	(11,869)	(18,728)	(22,172)	(25,162)	
Orienty date	(2,011)	(0,040)	(31,000)	(19),20)	(-e,1,-)	\_\_\\-\\\-\\\-\\\\-\\\\\\\\\\\\\\\\\\	
Net Patient		95 1980 - S			47656	4744	
Services Revenue	2,999,967	3,824,010	5,148,998	7,386,811	8,752,516	10,165,988	
Other Operating	2,000,001	0,027,010	0,110,000	7,000,011	0,702,010	10,100,000	
Revenues			- 18 de 2			l Arana	
(specify)	2,070	327		1984 B. S.			
	2,070	341		200		- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	
Net Operating	3,002,037	2 004 227	5,148,998	7,386,811	8,752,516	10,165,988	
Revenue	3,002,037	3,824,337	5,140,990	7,300,011	0,702,010	10,100,800	
2. Expenses		STREET, STREET					
Salaries, Wages							
and Professional					The Park of the Pa		
Fees (including	4 704 000	0.000.074	2.006.422	E 220 224	6 165 115	7 110 915	
fringe benefits)	1,794,603	2,268,074	3,806,133	5,238,324	6,165,115	7,119,215	
Contractual				1000		Sign Sign	
Services (b)		1,000	40 000	00 040	00044	00.070	
(please specify)	192,009	123,932	19,922	28,346	33,341	38,370	
Interest on	257565		- Williams		Sales Sa	250	
Current Debt	-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	•	•	
Interest on Project	1756		PAGE 1			Property.	
Debt		<b>-</b> 256		3 G. 15		- 10 mm - 10 mm	
Current				5.4700			
Depreciation	5,121	5,307		- Francisco	•	•	
Project					New Property Control of the Control	2.00	
Depreciation	STEELED ST. T.	•	- 100 - 100	1,000	2,000	3,000	
Current		2000 2000					
Amortization			-	-	-		
Project						10.0	
Amortization	-	<u> </u>		•	-	•	
Supplies	41,308	43,751	91,248	130,906	155,108	180,157	
Other Expenses	735 10 Sec. 25 2				The second		
(Specify)	631,990	853,054	1,007,810	1,420,254	1,686,162	1,971,094	
Other expens	ses include rent plus	corporate alloca	tions for shared s	ervices (accountin	g, collections, billing	g, IT, etc.)	
Total Operating	200275			17.50 20083			
Expenses	2,665,030	3,294,117	4,925,113	6,818,829	8,041,727	9,311,836	

Table 3 -- Entire Gaithersburg Site

	Two Most Current	Actual Years	Projected yea	ars ending with	first year at full u	tilization
	2015	2016	2018	2019	2020	2021
CY or FY	CY	CY	FY	FY	FY	FY
3. Income		130		200		
Income from		0.00				
Operations	337,008	530,219	223,885	567,982	710,790	854,152
Non-Operating		- 144, 5-27, 44				
Income			<b>.</b>	- 1	-	•
Subtotal	337,008	530,219	223,885	567,982	710,790	854,152
Income Taxes	\$0 - entity is an S-Corp	o; taxes are paid by s	shareholders via per	rsonal taxes		
Net Income (Loss)	337,008	530,219	223,885	567,982	710,790	854,152
4A Payor Mix as						
Medicare (a)	87.0%	89.0%	87.2%	86.2%	85.7%	86.7%
Medicaid	0.1%	0.0%	0.5%	0.5%	0.5%	0.5%
Blue Cross	5.5%	5.1%	6.0%	6.2%	6.4%	6.0%
Commercial	Hermania Harakari	3,000		57.55	The second second	
Insurance	5.5%	4.6%	4.9%	5.6%	5,8%	5.4%
Self-Pay	0.7%	0.2%	0.3%	0.3%	0.3%	0.3%
Other	1.2%	1,0%	1.2%	1.2%	1.3%	1.2%
TOTAL				5		
REVENUE	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
4B Payor Mix as	Percent of Total		12.17			
Medicare (a)	79.8%	81.1%	82.3%	81.1%	80,4%	81.6%
Medicaid	0,2%	0.0%	0.5%	0.5%	0.5%	0.5%
Blue Cross	8.5%	8.8%	8.2%	8.8%	9.1%	8.6%
Commercial						
Insurance	8.5%	7.9%	6.9%	7.4%	7,7%	7.2%
Self-Pay	1.1%	0,4%	0.4%	0.4%	0.4%	0.4%
Other	1.9%	1.7%	1.6%	1.7%	1,8%	1.7%
TOTAL REVENUE	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

 <sup>(</sup>a) includes all episodic payors
 (b) Certain senior living buildings require us to use the therapists already in the building to provide therapy. Dollars were estimated based on historical percentage and can include physical therapists, speech therapists and occupational therapists.

Table 4 -- New Jurisdictions

	Projected years ending with first year at full util					
	2018	2019	2020	2021		
CY or FY	FY	FY	FY	FY		
1. Revenue		Professional Control of the Control	Port Action 1			
Gross Patient Service Revenue	819,884	2,627,838	3,810,381	4,383,396		
Allowance for Bad Debt	(10,779)	(34,284)	(49,960)	(57,996)		
Contractual Allowance	46,070	124,527	199,315	270,795		
Charity Care	(3,642)	(9,669)	(12,916)	(14,502)		
Net Patient Services Revenue	851,533	2,708,412	3,946,819	4,581,693		
Other Operating Revenues (specify)		-		-		
Net Operating Revenue	851,533	2,708,412	3,946,819	4,581,693		
2. Expenses		Ser Come Te				
Salaries, Wages and Professional Fees	1000000					
(including fringe benefits)	621,531	1,918,818	2,779,598	3,208,579		
Contractual Services (b)	3,278	10,387	15,033	17,292		
Interest on Current Debt	The State of the S	Street Albert age of the Street of the Stre				
Interest on Project Debt				-		
Current Depreciation			# 10 m			
Project Depreciation		1,000	2,000	3,000		
Current Amortization		-		7		
Project Amortization				-		
Supplies	15,089	47,998	69,944	81,196		
Other Expenses (Specify)	165,880	519,821	759,213	886,700		
Other expenses include rent plus corpora	te allocations for shared	services (accounting, c	ollections, billing, IT,	etc.)		
Total Operating Expenses	805,778	2,498,024	3,625,788	4,196,767		

Table 4 -- New Jurisdictions

	Projected years ending with first year at full utilization					
	2018	2019	2020	2021		
CY or FY	FY	FY	FY	FY		
3. Income	The property of the property o			1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
Income from Operations	45,755	210,388	321,031	384,926		
Non-Operating Income	•					
Subtotal	45,755	210,388	321,031	384,926		
Income Taxes						
Net Income (Loss)	45,755	210,388	321,031	384,926		
4A Payor Mix as Percent of Total	al Revenue	The second secon	And the Control of th	A second		
Medicare (a)	87.2%	86.2%	85.7%	86.7%		
Medicaid	0.5%	0.5%	0.5%	0.5%		
Blue Cross	6.0%	6.2%	6.4%	6.0%		
Commercial Insurance	4.9%	5.6%	5.8%	5.4%		
Self-Pay	0.3%	0.3%	0.3%	0.3%		
Other	1.2%	1.2%	1,3%	1.2%		
TOTAL REVENUE	100.0%	100.0%	100,0%	100,0%		
4B Payor Mix as Percent of Tot	al Visits	Transfer of the second				
Medicare (a)	82.3%	_ 81.1%	80.4%	81.6%		
Medicaid	0.5%	0.5%	0.5%	0.5%		
Blue Cross	8.2%	8.8%	9.1%	8.6%		
Commercial Insurance	6.9%	7.4%	7.7%	7.2%		
Self-Pay	0.4%	0.4%	0.4%	0.4%		
Other	1.6%	1.7%	1.8%	1.7%		
TOTAL REVENUE	100.0%	100.0%	100.0%	100.0%		

<sup>(</sup>a) includes all episodic payors

<sup>(</sup>b) Certain senior living buildings require us to use the therapists already in the building to provide therapy. Dollars were estimated based on historical percentage and can include physical therapists, speech therapists and occupational therapists.

# Table 3and4 Supplemental Gaithersburg Projection without additional jurisdiction

	Projected years ending with first year at full utilization					
	2018	2019	2020	2021		
CY or FY	FY	FY	FY	FY		
1. Revenue		\$500 TE		1.1		
Gross Patient Service Revenue	4,121,889	4,538,525	4,637,227	5,340,734		
Allowance for Bad Debt	(54,398)	(59,220)	(60,831)	(70,687)		
Contractual Allowance	238,207	208,154	238,557	324,915		
Charity Care	(8,227)	(9,059)	(9,256)	(10,660)		
Net Patient Services Revenue	4,297,470	4,678,400	4,805,697	5,584,302		
Other Operating Revenues (specify)	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		-			
Net Operating Revenue	4,297,470	4,678,400	4,805,697	5,584,302		
2. Expenses		The second secon				
Salaries, Wages and Professional Fees	1994-1995 (1995) - 1994-1995 - 1994-1995		77 27 2000			
(including fringe benefits)	3,184,602	3,319,507	3,385,514	3,910,634		
Contractual Services (b)	16,643	17,960	18,308	21,076		
Interest on Current Debt		- Personal Service - Participal Service - Participal Service	1834	-		
Interest on Project Debt						
Current Depreciation		- 1 Table 1		-		
Project Depreciation		- 18 × 18 × 18 × 18 × 18 × 18 × 18 × 18	7 %	-		
Current Amortization		-	- 1			
Project Amortization		- -	3.543	-		
Supplies	76,156	82,910	85,165	98,963		
Other Expenses (Specify)	841,931	900,437	926,955	1,084,391		
Other expenses include rent plus corpora	ate allocations for shared	services (accounting, c	ollections, billing, IT, et	c.)		
Total Operating Expenses	4,119,332	4,320,814	4,415,942	5,115,064		

Table 3and4 Supplemental Gaithersburg Projection without additional jurisdiction

	Projected years ending with first year at full utilization					
	2018	2019	2020	2021		
3. Income		1.00 m				
Income from Operations	178,138	357,586	389,755	469,238		
Non-Operating Income				-		
Subtotal	178,138	357,586	389,755	469,238		
Income Taxes		production of the second				
Net Income (Loss)	178,138	357,586	389,755	469,238		
4A Payor Mix as Percent of Total R	evenue	The second secon				
Medicare (a)	87.2%	86.2%	85.7%	86.7%		
Medicaid	0.5%	0.5%	0.5%	0.5%		
Blue Cross	6.0%	6.2%	6,4%	6.0%		
Commercial Insurance	4.9%	5.6%	5.8%	5.4%		
Self-Pay	0.3%	0.3%	0.3%	0.3%		
Other	1.2%	1.2%	1.3%	1,2%		
TOTAL REVENUE	- 100.0%	100.0%	100.0%	100.0%		
4B Payor Mix as Percent of Total V	'isits					
Medicare (a)	82.3%	81.1%	80.4%	81.6%		
Medicaid	0.5%	0.5%	0,5%	0.5%		
Blue Cross	8.2%	8.8%	9.1%	8.6%		
Commercial Insurance	6.9%	7.4%	7.7%	7.2%		
Self-Pay	0.4%	0.4%	0.4%	0.4%		
Other	1.6%	-1,7%	1.8%	1.7%		
TOTAL REVENUE	100.0%	100.0%	100.0%	100.0%		
(a) includes all enisodic navors						

<sup>(</sup>a) includes all episodic payors

<sup>(</sup>a) includes all episodic payors (b) Certain senior living buildings require us to use the therapists already in the building to provide therapy.

Table 5

Position Title	Current	No. of FTEs	Change	in FTEs (+/-)	Average	Salary	Total Sala	ry Expense
	Agency Staff	Contract Staff	Agency Staff	Contract Staff	Agency Staff	Contract Staff	Agency Staff	Contract Staff
Administrative Personnel	10.57		8.66		67,828		1,304,417	8,000
Skilled Nursing	14.24		11.68		67,607		1,752,374	
Licensed Practical Nurse	included i	n SN						
Physical Therapist	11.18	0.27	9.17	0.22	79,779	77,893	1,623,294	38,370
Occupational Therapist	4.16		3.42		73,906		560,210	
Speech Therapist	2.19		1.79		85,942		342,049	
Home Health Aide	0.53		0.43		49,669		47,682	
Medical Social Worker	0.30		0.25		84,317		46,375	
Other (Please specify)								
						Benefits TOTAL		46,370

<sup>\*</sup> Indicate method of calculating benefits cost

Benefits cost are based on our historical cost of benefits as a percent of pay for employees.

BAYADA does not pay home health staff in hours.

FTEs are calculated based on the expected productivity for a full-time staff member in each discipline.

Current No. of FTEs was determined based on the projected number of FTEs for current operations without geographic expansion at the end of Year 4.

Contractors are used in Senior Living practice as required by building. We forecast based on historical %.

Contractors column for administrative includes professional fees.

In order to match earlier schedules, benefits includes workers compensation, payroll taxes, liability insurance, and other personnel related expenses in addition to benefits. Benefits only expenses are estimated to be \$521,757

	Salaries and wages Benefits	5,676,402	Employees Contractors	7,111,215 46,370
		-		
	Other personnel expenses	-	Total	7,157,585
	Subtotal	5,676,402		
	Contractors	38,370		
	Professional Fees	8,000		
,	Total	5,722,772		
Table 3 and 4:				
		7,119,215		
		38,370		
	Total	7,157,585		